

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90007 006 \*\*\*\*50.00

**DOCUMENT # L98000002878**

1. Entity Name

**FIFTH AVENUE BEACH CLUB, L.L.C.**



Principal Place of Business

**3757 TAMiami TRAIL NORTH  
NAPLES FL 34103**

Mailing Address

**3757 TAMiami TRAIL NORTH  
NAPLES FL 34103**

2. Principal Place of Business

**175 5TH Ave. South  
Suite, Apt. #, etc.  
107+207**

3. Mailing Address

**812 W. Willowood Lane  
Suite, Apt. #, etc.**

City & State

**Naples**

City & State

**Naples, FL 34108**

Zip

Country

**CO 1116**

Zip

**34108**

Country

**CO 1116**

4. FEI Number

**59-3546862**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CRONIN, DENNIS P ESQ.  
4001 TAMiami TRAIL NORTH  
SUITE 404  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **BEVINS, DONALD**  
STREET ADDRESS **3757 TAMiami TRAIL N**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR.** ☒ Change ☐ Addition  
NAME **DONALD BEVINS**  
STREET ADDRESS **812 W. Willowood Lane**  
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**2/14/03 (239) 572-7290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)